DELETION OF HOLDER FORM
Individuals (Resident & Non Resident Indians)

IDFC FIRST Bank

Please fill the form in Black Ink and in CAPITAL LETTERS.
All fields marked "*" are MANDATORY.

Date ☐☐ (D D) ☐☐ (M M) ☐☐☐☐ (Y Y Y Y)

CUSTOMER DETAILS

Customer Type ☐ Resident ☐ Non-Resident

*Account Number ☐☐☐☐☐☐☐☐☐☐

*Customer Name

CUSTOMER DETAILS

I/We hereby request you to delete the following account holder/s from my/our account

1) Name

Customer ID

2) Name

Customer ID

The new mode of operation of the above account after the deletion of name will be:

☐ Singly ☐ Jointly ☐ Either or survivor ☐ Former or survivor

☐ Others

For accounts jointly held between Non Resident Indians & Residents of India, the Mode of operation may only be "Former or Survivor".

DECLARATION & SIGNATURE(S)

I/We hereby declare that I am/We are a Non-Resident Indian (NRI) under Section 2(w) of the Foreign Exchange Management Act, 1999. I/We will inform IDFC FIRST Bank of any change in my/our residential status. I/We understand that providing incorrect information may attract penal provision as per applicable laws.

I the undersigned, have read, understood and agree to absolutely and unconditionally abide by bound by the Terms and Conditions displayed on website **www.idfcfirstbank.com** as revised from time to time by IDFC FIRST Bank Limited. in relation to all of my accounts, for present and future, maintained/opened/to be maintained to be opened with IDFC FIRST Bank Limited.

Bank shall not honour cheques issued by the holder whose name is deleted. Any Debit Card to be surrendered.

All Account Holders to sign

Signature	Signature	Signature
Name of First Account Holder/ Authorised Signatory	Name of Second Account Holder/ Authorised Signatory	Name of Third Account Holder/ Authorised Signatory

FOR BANK USE ONLY

Service Request No.

Employee ID ☐☐☐☐☐☐

Name of the Branch Official

Sourcing Branch Code

Signature of the Branch Official

***Checker confirmation by BM / DBM / BA / BOSM / ACSM**

I confirm the following:

- Customer has signed in my presence

Name: _____

Emp. ID.: _____

Designation: _____

Signature of BM / DBM / BA / BOSM / ACSM

CB BB/ 33/ 08-2025/1.1

A4 Size